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ABSTRACT

This three-part paper describes a pilot demonstration project for training psychology graduate students and social-work agency personnel to provide mental health services for minority adolescents and their families. The training model assumes that all participants possess skill and knowledge that can be shared with each other and that a strong link between the university and the community agency can be established, based on a collaborative relationship, a bi-directional flow of information, and an atmosphere in which participants can shift comfortably between the roles of teacher and learner. The paper discusses the variables involved in building such a linkage and the mechanisms used in the "training exchanges" that are the outcome of this model. The first two sections present a conceptual picture of the model and its practical implementation, including descriptions of the Los Angeles community served by the pilot project, the neighborhood youth agency involved, and the role played by the psychology department of U.C.L.A. The third section identifies and discusses three critical issues in university-community liaison efforts: issues of trust and anxiety, of power and control, and of commitment. (Author/CS)

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THE NYA/UCLA PROJECT: A COMMUNITY-UNIVERSITY MODEL FOR MENTAL HEALTH TRAINING

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Presented at the Western Psychological Association Meeting, May 6, 1980, Honolulu, Hawaii.

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The NYA/UCLA Project:

A Community-University Model for Mental Health Training

PART I - Introduction and Description of the Model

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Presentation at Western Psychological Association

Tuesday, May 6, 1980

Honolulu, Hawaii

In this first paper we will describe a unique program linking a psychology department Clinic and a social service agency in an attempt to bring new knowledge and skills to each organization. Through this link we hope, ultimately, to improve the mental health of the residents of a low income/minority community that is currently undergoing many stressful changes.

Our goal is two-fold: 1) to develop a model and an exportable training package for exchanging mental health training between universities and community agencies, and 2) more broadly, to create a general framework for effectively linking unites of the universities with organizations throughout the community. This general framework is envisioned to go beyond the mental health field into other pertinent areas of service delivery.

We will describe a pilot project which was conceptualized in the fall of 1978. The program slowly got underway in the spring of 1979 and became opera-

tional on a pilot basis in the fall of 1979. It is an exciting and demanding undertaking with considerable promise, many pitfalls, and hopefully much generalizability. In the limited time we have available we hope to give you a flavor for what this sort of work is about, pointing out what we believe to be some of the critical variables in making such a project work.

By way of background, you will need to know something about the two organizations involved--the UCLA Psychology Clinic and the Neighborhood Youth Association. We will describe these, as well as the target community which is the Venice/ Mar Vista area of Los Angeles, located less than five miles from elegant Westwood with its sprawling, and intellectually powerful UCLA Campus.

UCLA

Each year, 12-15 clinical psychology doctoral students are assigned to the UCLA Psychology Clinic. Most are in their second year of graduate training, two or three are in their third year. They carry three to four cases, each with a different supervisor, and receive close and intensive supervision. Approximately thirty-five supervisors drawn from our faculty and community agencies are involved in the training each year. In addition, the clinic has two full-time clinical psychologists who serve as coordinator and assistant coordinator, two secretarial staff, and two work-study students.

Although services are available to non-UCLA students from any part of the Los Angeles community, in fact the clinic tends to attract mostly middle-income caucasian clients, between 20 and 40 years of age. Thus, UCLA students normally do not work with low income minority clients when on practicum assignment to the clinic. Although some students later go to internships in agencies that serve more of this population, the approach to treatment is usually fairly

traditional. Thus, the pilot project we are describing is unique in the training opportunity it offers our students. Though assigned to the clinic and receiving supervision from the clinic coordinator, they work at the Neighborhood Youth Association. As you will see when the agency is described, this provides an opportunity to interact with a professional staff that is different from those found in most community mental health settings and to learn some non-traditional approaches to working with a hard to reach, complex population.

NYA

Primarily an adolescent treatment agency, NYA provides direct social work services to individuals, groups, and families, including counseling, crisis intervention, emergency assistance, and a wide array of supportive services (tutoring, job readiness training, information and referral). Its programs include adolescent drug treatment programs, juvenile diversion and delinquency prevention programs, a drug prevention program and two adolescent/senior citizens programs.

The clients served are low income minority youth who live in the ghetto areas of Los Angeles County. Most of them have learning and/or behavioral difficulties at school or are school dropouts. Many of them are involved in gang activity, and have been in difficulty with law enforcement agencies. They come to NYA by way of referral from schools, police, courts, probation officers, other agencies, and from their families.

While the agency has been in existence since 1906, it should be noted here that NYA's uniqueness comes from its ability to change as community needs have changed. It is no small tribute to the agency that it is seen as a community grass roots agency rather than one of the more traditional social service agencies.

NYA staff members ar a unique blend of skillful street workers as well as client advocates who do extensive outreach in the community seeking out and counseling with their "reluctant" clients in the community itself, rather than in the traditional office setting. The predominately minority staff range from non-degreed to master's level counselors.

The Community

The areas of concern are the rapidly changing West Los Angeles communities of Venice/Mar Vista. "A community in crisis" and "a community in transition" are phrases appropriately applied to Venice/Mar Vista, California. Embedded within the Los Angeles metropolitan area of seven million residents, Venice has a predominantly low-income population of approximately 38,000 people, many of whom are minority. The recent, rapid influx of Hispanics into already overcrowded Venice neighborhoods of Black and Anglo residents has led to increased competition for scarce jobs and often inadequate housing. Among young people, competition is often manifested in struggles over territorial dominance or "turf". Consequently, outbreaks of racial tension have become evident. For example, in the last few years there have been numerous killings, firebombings, and shooting incidents which have had overtones of racial and gang conflict--Chicanos vs. Blacks. Broad-ranging effects of ethnic shifts are being felt throughout the community and its institutions. Within the last five years the population of two Venice elementary schools has changed from two-thirds Black to two-thirds Hispanic.

As a low income, multiracial and multiethnic community, Venice is subject to multiple other stresses in addition to the stress associated with ethnic transition. High unemployment, high-density and deteriorating housing, and high crime and drug abuse rates are other high stress indicators in this community. Daily, many residents must contend with poverty, prejudice, and their sequelae. Blacks

and Hispanics complete fewer years of schooling, hold less prestigious jobs, have lower incomes with more families below the poverty line, and often live in overcrowded quarters under intolerable conditions. For many Hispanics, there are the additional frustrations of language barriers. Estimates of the Hispanic school dropout rate in Los Angeles range between 42% and 80% with many of these youngsters joining youth gangs. An estimated 13,000 young Hispanics belong to such gangs in Los Angeles County alone.

Given these conditions in the community it was our belief that the University needs to see itself as a member of this community and accept the responsibility of sharing some of its expertise and resources in attempting to deal in a relevant way with these social problems. Historically, linkages between universities and community groups have had mixed results. Communities have often felt exploited and used as guinea pigs for the benefit of professors who use the association to produce publications in esoteric journals to further their careers. Often missing is any sense that the University is committed to feeding back the results of their research to the community, much less using the research for developing needed community services which are of demonstrated value.

It may be useful to take a closer look at both the training needs and the potential contributions of the UCLA Psychology Department and the Neighborhood Youth Association. Some Clinical Psychologists who receive their doctorates from UCLA usually go on to positions of influence and leadership within the mental health field. Given the growing and changing populations we have been describing and their attendant mental health needs, it is imperative that these psychologists have an in depth understanding of pertinent community and treatment issues, because regardless of the practice setting, members of this population will comprise a large percentage of their clientele. Becoming involved in this

aspect of community psychology can no longer be seen as an elective activity reserved for those with particular interest in the "community". Rather it is a necessity for all, students and faculty alike, minorities or not.

The Neighborhood Youth Association, on the other hand, while well acquainted with the community has become increasingly aware that the stresses within the changing Los Angeles community are creating complex and severe mental health problems which tax the ability of the NYA Staff to respond in a maximally effective way. At this point the staff is in need of continuing education to acquaint them with the latest information in psychology and to assist them in developing better skills and more sophisticated modes of intervention.

There are then obvious contributions that UCLA and NYA can make to each other. For example: UCLA has expertise in the theory and practice of psychological assessment and different established approaches to intervention, as well as in research design and program evaluation. It also has well trained and highly motivated students who are extremely interested in learning about the community which we are concerned about.

NYA has knowledge of and access to the community. It is influential both with individuals and within systems such as the schools and the courts. NYA Staff have street knowledge and are experienced in outreach and non-traditional styles of intervention, as well as being trained client advocates particularly within the educational, welfare, and juvenile justice systems. They carry out their work in overcrowded homes, streets and school yards where traditional models of individual and family therapy must be modified if they are to be at all successful.

Our conceptualization of the strengths, resources and needs of each facility

led to the development of what we term "The Trading Post Model for Community/ University Mental Health Training". The participants in this program are NYA counseling staff and administrators; UCLA faculty and graduate students in the doctoral program in clinical psychology. The model is based on the assumption that all participants have areas in which they need to acquire skills and knowledge and all have skills and resources which they can profitably share with others. The training model requires building an environment in which training exchanges can take place, both formally and informally. It requires that participants interact at a peer level, minimizing traditional role and status differences comfortably between the roles of "teacher" and "learner". Our ultimate goal is to test a model for providing better community mental health training to university students and faculty and social service agency personnel through capitalizing on the many talents of the "trainees" and the resources of the participating organizations.

Although the concept is relatively straightforward, the process of peer exchanges, shifting roles between teacher and learner, crossing status, age, ethnic and educational lines can present major problems. In fact, when we applied for a grant to NIMH early in 1979, the reviewers were enthusiastic about the unique and innovative aspects of this model, but concerned that the undertaking was perhaps much more complex than we appreciated.

Therefore we decided to do the pilot work, which will be described in the next two papers, in preparation for reapplying for NIMH training funds. We are enthused about our initial experiences, we've learned a lot in the process and we are all the more eager to further develop and evaluate the model.

THE NYA/UCLA PROJECT: A COMMUNITY-UNIVERSITY MODEL FOR MENTAL HEALTH TRAINING

Part II: Enacting the Model:

Theoretical Ties and Clinical/Community Practice

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PRESENTATION AT WESTERN PSYCHOLOGICAL ASSOCIATION
Tuesday, May 6, 1980 Honolulu, Hawaii

This presentation will focus on both the theoretical bases underlying the NYA-UCLA link-up and several specific examples of collaborative interchange that have been salient during the pilot year. Speaking as the two graduate student trainees involved in the initial year of the project, we'll also attempt to provide a student perspective on the collaboration, and in so doing highlight key agency and university variables that have facilitated the emerging relationship.

To provide some perspective, we should begin by noting that NYA is far from a typical placement for UCLA trainees. It deals with a difficult population, one that is very different from the middle-class clients primarily seen at the UCLA Psychology Clinic. As well, it is deeply embedded in the community; one does not sense the "professional distance" of many medical and agency settings where UCLA students are placed. We didn't enter the setting on the coattails of UCLA's reputation: indeed, the UCLA image justifiably conjured up negative reactions on the part of several NYA staff, as described earlier. Trust-building and acceptance were therefore key factors as we entered the agency. (The next presentation will highlight the variable of trust more closely as relates to all members of the exchange.) In addition, we wondered whether we would have the competence to work with

the agency's multi-problem clients and consult with staff about pertinent intervention strategies. In terms of the Trading Post teacher-learner exchange model, we were certain that we would have plenty to learn from NYA, but questioned whether we would reciprocate adequately in the teacher role.

The very structure of this Trading Post model created further differences in the placement and further uncertainties for . We realized there would be joint supervision - that is, from UCLA psychologists as well as NYA supervisory staff. How would this work, we wondered: what problems might this mutual accountability create? Even more salient was the nature of the services provided by NYA. On a typical afternoon, one enters the agency to find it nearly devoid of staff. The agency's work is done primarily in the schools, in client's homes, and literally in the streets. Could we clinical students function without the structure of rooms with two chairs and fifty-minute hours?

Before we convince you, or other universities and agencies, that the differences in settings and obstacles to collaboration are too great, we should make clear that we two students wouldn't have missed the opportunity to participate in the exchange for the world! We had both received community experience in the past and we were both eager to extend our budding therapeutic, consultation, and assessment skills outside UCLA. Too, we desired to consider new conceptions of intervention and prevention, and realized that doing so would involve breaking set from traditional clinical models.

The need to search for new paradigms to solve the seemingly intractable problems of communities like those served by NYA is a guiding perspective for community psychologists. Conceptually, Rappaport (1977) suggests that the field of applied psychology is in a state of scientific crisis due to the failure of existing solutions derived from present psychological paradigms

to ameliorate the complex problems of urban communities.

As we keep in mind the backdrop of NYA and its population, Rappaport's presentation of the following fundamental issues in understanding communities from a new perspective becomes salient: 1) the age-old conflict between the concerns of society for social order and control and the rights of individuals or subcommunities; 2) the conflict between cultural relativity and single societal standards of social behavior; and 3) the lack of consideration for person-environment fit. These are challenging issues for students trained in a traditional clinical psychology program. Central to our conception of the Trading Post model and our day-to-day dealings with tough clinical and community issues are guiding principles of community psychology which emerge from the above issues: first, the value and tolerance of cultural relativity and individual diversity, and second, the conceptual power of an ecological framework for understanding human behavior.

These broad theoretical perspectives require translation to the practical problems of community work. Although university programs have entered into communities, such projects have typically been very specialized in purpose resulting in a narrowed set of training experiences (Mann, 1978). Furthermore, our notion of a co-equal exchange remains untested.

Although much of the theory of community psychology is applicable to the goals and problems of the NYA/UCLA training model, one concept is particularly useful. The trading post model is by definition an illustration of Sarason's (1976) concept of resource networks. Sarason defines networks as patterns of relationships or linkages which vary on how formal the links are, how much direct contact is involved, and in how membership status is determined. Examples of resource networks range from an informal exchange of child care services at a University married student housing development to formal membership in a national,

professional organization. The essence of networks is the potential for the exchange of human resources. Although networks are seen as naturally occurring community phenomena, Sarason stresses the importance of utilizing existing networks and of creatively developing new ones in an effort to optimize community competencies.

Pre-dating the NYA/UCLA linkage, NYA was already making effective use of networks with other agencies and community facilities. Examples of the exchange of resources were shared meeting rooms, mutual workshops, shared medical services, and co-rented printing equipment. The concept of shared human resources permeated the spirit, values, and structure of the NYA/UCLA linkage. An excellent example of the use of networks to exchange resources is the implementation of monthly workshops given by UCLA's clinical faculty to all NYA's staff. The NYA staff learns of different clinical theories and research and service programs while UCLA faculty have the opportunity to broaden their base of knowledge through consideration of the feedback by NYA staff. Indeed, on-going exchange of services and research contacts have developed promising future exchanges through NYA and UCLA's overlapping networks. Mann (1978) points out that the potential for increasing community resources through the placement of trained University personnel and through the capacity of community members to become resources for one another has been unrealized although it remains a promising enterprise.

At this point, we would like to focus on several facets of direct colloboration with NYA. One significant enterprise involved performing co-therapy with NYA staff, with target populations including multi-problem families as well as groups of at-risk or gang-member adolescents. For example, one of us co-led a group of eight 13 - 16 year old adolescent girls with problems of mild to moderate drug usage. One client had particular

problems related to her family; one of her sisters was in fact seen individually by another NYA staff person. The student began an individual relationship with the girl. Home visits, however, revealed that serious drug abuse was a problem for several older siblings as well as the mother. The family required support, crisis intervention, advocacy around public assistance and school placement, drug-related counseling, and therapeutic work at a systems level. Colloboration between the UCLA student and the NYA counselor for family sessions seemed logical and was therefore undertaken.

Such co-therapy and collaboration does not come without problems. Theoretical models and styles of approach differ. Yet on-line colloboration provided the first meaningful building of teacher-learner ties between NYA counselors and UCLA students. One particularly pertinent example came early in the year at the housing project home of a client family. NYA staff learned from a UCLA student's suicide assessment of the mother, while the student benefited from the NYA counselor's modeling of immediate and incisive problem-solving regarding a crisis issue between parent and child. The mutual modeling in a context of relevance was critical for meaningful exchange. As a result of this and similar interchanges, respect developed, ideas and "tips" began to flow, and a potentially significant barrier had broken through. NYA staff have since become more outspoken in their asking for theoretical and practical guidelines for intervention, particularly with families. UCLA students and faculty have, in turn, struggled to adopt many of the therapeutic models which work so nicely in the Clinic to the realities of the community.

Another feature of the exchange has been the joint supervision of UCLA students and self-selected counselors by both UCLA and NYA supervisory-level

staff. Again, problems had to be overcome. The models of supervision at each facility have traditionally differed to a great extent. The UCLA clinic provides hour-for-hour supervision (in addition to case observation by the supervisor), while NYA staff receive supervision less frequently, often on a problem-solving basis. We students spent some time persuading NYA staff that regular supervisory contact "from the top" did not signal displeasure with their work, but rather could provide an opportunity to plan for intervention more effectively. The joint supervision has helped UCLA personnel understand the difficulties involved in adapting theoretical perspectives to clients in the community, and has provided a much greater appreciation of the need for outreach and advocacy in servicing populations like those seen by NYA. As well, the perspective-sharing of the case conferences has facilitated NYA's renewed interest in considering more systematic application of therapeutic techniques with their clients.

To conclude, we would like to consider several key factors which have facilitated our entrée into and mutual exchange with the community. We do so in order to set the stage for other attempts at community/university training exchanges. At the agency level, we made use from the beginning of key agency staff who showed enthusiasm for the project and who began to model for us as students our potential roles as community-based workers. As well, the firm, unwavering support of the project from the NYA administration proved critical, especially given the prior resistance of several persons at both settings. We should not overlook the quality, reputation, and stability of the agency and the quality and dedication of its staff in paving the way for a successful link. The deep ties with the community held by NYA - access to neighborhoods, schools, and other agencies - facilitated <u>real</u> co-exchanges as we received our training. Finally, NYA's inherent tendency to examine itself critically

and reveive continued input pre-dated the project with UCLA; this organizational openness provided fertile ground for the growth of NYA/UCLA staff development and training.

At the university level, there were also key people who facilitated the initial successes of the NYA/UCLA linkage. Of considerable importance was the firm, unequivocal support from the Clinical area director which eradicated our fears of "being left out there alone" and provided much needed support for such a pilot training situation. Underscoring the necessity of formal University support is the point made by Mann (1978) that stable relationships between a community setting and a training program should be built on structural, not just personal, commitments. Therefore, the support, supervision, and continued training by key UCLA faculty helps insure the endurability of the NYA/UCLA link.

Also of importance ininitiating a university/community training model is the consideration of the role of the trainees. Rosenblum (1973) suggests that mistakes by trainees in community settings have greater potential for creating problems than in traditional clinical training settings. From our experiences as trainees at NYA we feel that Rosenblum's point is well-taken and that certain trainee characteristics minimize the difficulties inherent in community placements. First, we both share a deep interest and commitment to a community psychology model and were instrumental in getting ourselves selected into such an innovative project. In addition, as UCLA students we are motivated to work within the program to effect a shift from a strictly clinical model to a more community perspective. Our enthusiasm was therefore high and we became involved in the NYA/UCLA exchange of resources early in the conceptual development of the training model. This kind of shared interests and commitment enabled us to provide each other support, a crucial element in

the maintenance of our energy, enthusiasm, and perspective. This mutual support was particularly important when it was necessary, as Iscoe aptly states, to be willing to be "dishwashers" (Iscoe, 1977) in order to observe and gain knowledge of the community agency and the population it serves.

Overall, the experience of working within the NYA/UCLA training model has been a challenging one with many complexities and hurdles. In his description of community work Kelly (1977) provides an excellent summary of the multifaceted role we have played.

> Doing community work and unraveling the direction and impact of organizational and social forces requires an ability to scan, to digest, and to pull together the bits and pieces of personalities, settings, social events, and political underbrush (p. 59).

Through the roles of teacher/learner and with the perspective of "participant-conceptualizers" (Rappaport, 1977) we have broadened our abilities as clinical and community psychologists. We hope, in turn, that the training model we have described can facilitate the development of interventions appropriately designed to meet the mental health needs of multi-problem, underserved populations.

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THE NYA/UCLA PROJECT: A COMMUNITY-UNIVERSITY MODEL FOR MENTAL HEALTH TRAINING

PART III - ISSUES OF IMPLEMENTATION

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Tuesday, May 6, 1980 Honolulu, Hawaii

Now that you have a conceptual picture of the Trading Post model and its practical implementation thus far, we would like to take the remaining time to identify three critical issues in this kind of university-community liason. Though far from exhaustive, they are the variables that appear to us to be most important at this point. Admittedly, we will have to continue to collect more program evaluation information in order to move from our current semi-impressionistic position to a more data based position. The three variables are:

1) Issues of trust and attendant problems related to anxiety.
2) Issues of power and control.
3) Degree of commitment to the project.

After describing each of these problem areas, and our attempts to cope with them, we will conclude with a brief discussion of critical actions we fell necessary to take if a program such as this has any chance of being successfully launched.

Trust and Anxiety Issues

There was considerable distrust and substantial anxiety within both of the organizations. NYA's distrust stemmed from the agency's prior experiences

with another department of UCLA which left agency staff feeling exploited and used. When the idea for this project was first presented, resistance therefore emerged from those who believed that, at best, people from UCLA would be elitist and, at worst, the agency would be turned over to Anglos. staff would lose their jobs to students, and outsiders would have access to the agency's financial books and records and would use this information to take control. The UCLA distrust came from some selected but powerful faculty who did not believe that a social work oriented community agency, particularly one that did not have a single Ph.D. on staff, had anything to teach UCLA-type psychologists.

Along with distrust anxiety surfaced taking the form of hesitancy and resistance to act. One major cause of anxiety was an often unexpressed fear of appearing inadequate and having little to teach or share with anyone else. Agency staff felt insecure about their clinical skills while UCLA students and faculty were concerned about the relevance and applicability of their knowledge to this community. This emotion was intensified by anticipation of difficulties in trying to communicate across ethnic, social, social class and educational lines.

Other anxieties involved loss of role definition or role identity. Would NYA's staff with it's outreach-oriented, grass roots approach be pressured into becoming more traditional, medical model "clinicians"? Would UCLA graduate students, still excited by their newly found roles as clinical psychologists, be taken seriously by their peers who tend to see community psychology as another version of social work and not <u>real</u> clinical psychology? For students there was the added concern of physical danger in working with this tough, high-risk population as well as the uncertainty about their

ability to gain acceptance by the NYA staff and clients.

And finally, honesty forces us to admit that as the architects of this project, we were concerned about how we would be viewed by everyone if it failed.

Distrust was best dealt with by first acknowledging its existence and talking openly about it from the very beginning. Within both organizations and at all levels there were numerous meetings to both give information and allow for an expression of feelings. Next came our first attempts at collaboration. The key seemed to be to move slowly, not force things on people and provide opportunities for interpersonal contacts and rewarding interactions. In that vein, some of the more interested NYA supervisory staff met with UCLA Clinic faculty to help plan a series of community-oriented training sessions for the UCLA students who were at that time assigned to the UCLA Psychology Clinic. Later, various NYA staff were involved in the actual training either as presenters or participants. Meanwhile, the UCLA Clinic Coordinator met members of NYA's Board of Trustees and staff at various NYA functions and the Executive Director of NYA held discussions with UCLA students and faculty.

In the fall of 1979 when the project actually began, the two third year students began spending 2½ days a week at NYA. A weekly case conference at NYA was scheduled, attended by the students, selected NYA staff, both the UCLA Clinic Coordinator and the NYA Executive Director, and periodically, the Director of Clinical Training, Dr. Nakamura.

During this initial phase some NYA staff expressed real eagerness to work with UCLA students and faculty. We took full advantage of their enthusiasm while at the same time not pressing other staff to have any more involvement than they wished. Looking back, it is apparent that there were

several key elements in this process. One was that a small core group of positively-oriented NYA staff served as the point of entry for the students into the agency and gave them much needed support and orientation. Gradually, with actual exposure and contact there was the discovery by all participants that we genuinely shared many of the same concerns and that we all really could benefit from being learners and teachers with each other. By having chosen the right UCLA students and faculty, teaming them up with the most supportive NYA people, not pressuring other staff for participation and demonstrating that this program had the full support and active participation of the top level administrators in both organizations, our conceptualizations really began to take shape. We were indeed creating an environment in which training exhanges could take place at a peer level with people shifting comfortably between the roles of teacher and learner and discovering the professional and personal growth inherent in such a process. Interestingly the issue of crossing ethnic, racial, social class and educational lines, which was of such concern to NIMH reviewers, did not materialize as a separate problem. It seemed to be taken care of by the continued positive exposure to each other and the commitment to the common task of serving hard-to-reach youth which in turn helped the participants overcome their distrusts, anxieties and fears of the unknown.

Power and Control

The major power and control issues centered around how the money would be apportioned if the project were to receive federal funding, who would have the status of being the principal investigator, and how flexible each organization would be in accommodating the requests of the other. For example, since NIHM regualations do not allow for co-principal investigators

(which would have fit in nicely with the trading post model), it became critically important to NYA's Board of Trustees and administrative staff that NYA be the principal investigator on the grant proposal as a concrete demonstration that this was a project between equals and not a repeat of the agency's being controlled by UCLA. On the other hand, several UCLA faculty could not conceive of UCLA's not being in the PI role. Furthermore, UCLA's Grants and Contracts office seemed never to have had such a request. Clearly the university was not used to co-equal or peer level partnerships with this sector of the community.

A related and equally important question was how the money would be divided and thus, who would have essential control of the budget? (Regardless of who became the PI, a certain amount of the work was to be sub-contracted to the other organization. The size of the sub-contract and the items included in it were therefore the critical issues). Within both organizations these subjects resulted in many heated discussions, neither side wanting to give in. These points of conflict also created tension between the designers of the project who were caught between loyalties to their own organizations and the need for flexibility and compromise. The project designers concluded that it was in the best interests of the overall project to have NYA as the PI. Although this was a jarring notion to some UCLA faculty, it was easier to sell than the idea of UCLA relinquishing budgetary control. Only after a series of meetings with faculty and Grants and Contracts personnel was it agreed that NYA should sub-contract an equitable but clearly limited portion of the budget to UCLA. Ultimately, almost all of the clinical faculty gave their full endorsement to the grant as it was finally submitted. The whole-hearted support of the Department Chairman and the newly appointed Director of Clinical Training was critically important at this juncture.

Meanwhile, the NYA Board of Trustees, although lur) by the idea of an association with UCLA because of the prestige involved, was still wary of resuming what they called "entangling alliances" with the University. It took substantial groundwork to gai: their final approval. This was done through meetings with those who were supportive of the project. They in turn solicited the support of the others. UCLA's willingness to give up the PI role and work out mutually beneficial arrangement for the handling of the budget privided needed reassurances to the Board ; and when they met unanimous approval was obtained.

Another control issue centered around supervision. UCLA was insistent that its students be supervised, at least in part, by Ph.D. level clinical psychologists. Since NYA had none on staff, it meant that either UCLA provide the supervision or the idea for the project be abandoned. Initially there were objections to this unprecedented arrangement, but as more people found the overall project appealing, they began to see it as a worthwhile contribution. Note that if you wish to get involved with agencies beyond the traditional community mental health center, lack of clinical, or any, Ph.D.'s is likely. Power and control also came up over whether or not UCLA would bend its rules to accommodate some of the needs of the NYA staff. For example, providing UCLA credits for their participation in this program was a matter of great importance to them. As it turned out this was easily arranged through University Extension. There were other power and control issues that surfaced which had more to do with the individual personalities who were in administrative positions. Although we do not have time to elaborate, it is worth noting that if such people who present personality problems are in key positions within their organizations, they can do considerable damage and have the positions within their organizations, they

can do considerable damage and have the potential for sabotaging the entire program.

A final comment on the subject of power and control relates to the role of NIMH in relation to the University. (NIMH is, as you must realize, the silent "third system" in this schema). Some time after the project was initially proposed, NIMH staff who were site visiting the Psychology Department were very open in their enthusiasm about this type of undertaking. Also, six months later, when revised NIMH guidelines for grants were released, it was clear that our work was closely in line with NIMH's new emphasis on mental health training for specific target populations and specific target problems in underserved communities. Such priority shifts gave this program even more importance in the eyes of the faculty.

Clearly, the issues over what we are calling power and control created the most conflict, both within and between organizations. There were any number of critical incidents which, had they not been successfully resolved, could have ended the project.

Commitment

The last area we will be discussing involves the degree of commitment to this project by members of both organizations. UCLA faculty were, in general, supportive but we questioned whether would they really be willing to give of their time and talent once the project got underway. Furthermore, given the initial level of distrust of some of the NYA staff would they be willing to give the program an honest try or attempt to undermine it from the beginning? Finally if NIMH did not support the original proposal were both organizations committed enough to the idea to underwrite the cost for a pilot project?

Given the history of community distrust that we've already described, NYA felt less of a need to demonstrate its commitment to the project than to see tangible signs of commitment from UCLA. UCLA came through! There were a wide range of actions, some of which may appear minor but which were nevertheless highly significant from the NYA staff's perspective. These included:

- monthly two hour inservice training sessions conducted by selected UCLA faculty for the entire NYA counseling staff. These training sessions were conducted at NYA facilities in the community [topics included: The nature of help-intended communication (Prof. Gerald Goodman), adolescent pregnancy (Prof. Hector Myers), enhancing self control in adolescents (Prof. Barbara Henker), training parents as teachers (Prof. Bruce Baker) and a look at the evaluation and treatment of violence, anger and aggression in our clients (Prof. Vickie Mays).]
- continuing education credits through UCLA extension to NYA staff participating in the in-service trainging.
- NYA staff were invited to the UCLA Psychology Clinic's weekly staff workshops and continuing education credit was available for those NYA people who attended regularly.
- UCLA obtained a small grant from its Academic Senate Research Committee which allowed us to hire research and clerical assistance for carrying out the program. In addition the clinic donated considerable professional and clerical staff time, particularly toward developing a program evaluation design.
- UCLA provided NYA staff with access to campus facilities for activities such as tours for NYA counselees, and use of UCLA computer facilities. To facilitate NYA's staff coming to campus, the Psychology Clinic paid

for annual parking permits. Symbolically, those parking permits were very important to the NYA staff.

Of course, the resolution of the Principal Investigator - Budgetary issue for the grant proposal was a major contribution by UCLA. Finally, when the project was not funded, UCLA's commitment to working closely with the community was evident when they assigned two of their most outstanding students to work at NYA and generously gave of faculty time for case conferences, off-campus supervision and consultation at the agency.

NYA too contributed a considerable amount of staff and administrative time to the pilot program. Given that the period of time we are talking about was one in which the agency had undergone a serious fiscal crisis, this contribution of its limited resources was significant.

In closing, we would like to offer our thoughts about some critical ingredients for community - university linkages of this type:

- It is our observation that when the two systems differ in size and resources, the larger, more powerful system must be prepared to do more of the giving, especially during the early trust-building phase. It must also be prepared to relinquish some of the control to which it is accustomed.
- Within both systems, but again, particularly the larger one, the project leaders must continually be open to seeking creative solutions for overcoming obstacles and solving problems including getting rules "bent" or changed and getting people to think and act in non-rigid, flexible ways. The key words are <u>flexibility</u> and <u>change</u>.
- Finally going beyond the "systems", on a person-to-person basis, it is important to move slowly with the people on whom this program will impact the most, to give people some choice about their level of participation,

and to fully utilize the early supporters of the program in generating interest and enthusiasm among those who might be most skeptical.

As we indicated in the very beginning, this has been and continues to be an exciting, challenging, and mutually beneficial undertaking. Even at this stage we can point to three major accomplishments: 1) UCLA has renewed and advanced it's commitment to community psychology. 2) For NYA the collaboration has helped the agency to refocus on it's original goals which are to go beyond building effective relationships with youth and actively intervene in a therapeutic way which will provide behavior change. 3) Through this sharing process, we have all expanded our knowledge about the issues involved in doing family therapy in this kind of community. Further, we recognize the need to reconsider and revise models of treatment if they are to be effective with this population.

In summary, we have learned a great deal. We still have a long way to go in understanding how to best build mutually beneficial community-university linkages to meet the critical need for improved approaches to prevention and service delivery. Despite the noticeable increase in grey hairs on the heads of both of the project directors, it has been a rewarding experience.